



TO: Outreach Partners and Interested Parties

FROM: ***Prescription Advantage***

DATE: November 23, 2009

BULLETIN

This bulletin is one in a series of routine updates regarding Prescription Advantage . These notices are designed to inform a broad network of outreach partners and other interested parties about Plan updates affecting both current and future Plan members.

2010 Plan Change Member Letters

Attached are letters that will be sent to Prescription Advantage members that list what the member's Prescription Advantage benefits will be as of January 1, 2010. These benefits are based on the member's current membership category and the most recent information we have received from Medicare.

In addition to the letter, Prescription Advantage is sending Medicare eligible members a list of all stand-alone Part D plans that indicates what the member's premium cost would be for each plan. Medicare Advantage plans (MAPD) are not included on this list and members are instructed to contact their plan for premium information.

Each member will receive one of five (5) different letters. The letters are designed to address each member's specific prescription drug plan situation. A sample of each letter is attached. Also attached is the Part D premium list.

The five (5) letters include:

- Plan change letter to members with stand-alone Part D plans and Medicare Advantage plans
- Plan change letter to members with Creditable Coverage
- Plan change letter to non-Medicare members
- Plan change letter to members whose Part D plan cannot be determined
- Plan change letter to members whose Part D plan is not recognized in Massachusetts. (Note: This does not affect the member's Prescription Advantage benefits)

Members will begin to receive letters during the week of November 23, 2009.

November 2009

ID Number: <ID Number>

<FName> <MI> <LName>
<ARFName> <ARLName>
<AddressLine1>
<AddressLine2>
<City>, <State> <Zipcode>

Dear <FName> <LName>:

This letter provides information about your 2010 Prescription Advantage benefits and Medicare Drug Plan options. If you believe this information is incorrect, please contact Prescription Advantage Customer Service at the number listed at the end of this letter.

Current Membership Category: **S2**
Current Medicare Part D Plan: **<PDP or MAPD Plan>**
Current Level of Extra Help: **None**

This chart lists your Prescription Advantage benefits as of January 1, 2010. Benefits are based on membership category and information we receive from Medicare. If you change your Medicare Part D plan, or your membership category or level of Extra Help changes, your benefits may change as well. You are responsible for the full amount of your drug plan's premium.

With Prescription Advantage You Will Pay...	
Monthly Medicare Part D Plan Premium (for the drug plan listed above)	<ul style="list-style-type: none">• <\$Member premium amount>* <p>*If you are enrolled in a Medicare Advantage Plan, your total monthly premium will include both health and prescription drug coverage. Your health coverage premium is not reflected in the amount listed above.</p>
Medicare Annual Deductible	<ul style="list-style-type: none">• 100% of your Medicare Drug Plan's deductible
Co-payments until total retail cost of covered prescription drugs reaches \$2,830	<ul style="list-style-type: none">• 100% of your Medicare Drug Plan's co-payment
Co-payments once the Medicare coverage gap (donut hole) is reached	<ul style="list-style-type: none">• No more than \$7 for covered generic drugs• No more than \$18 for covered brand name drugs
Annual Out-of-Pocket Spending Limit	<ul style="list-style-type: none">• \$0 for prescription drugs covered by your drug plan once your total cost for co-payments reaches \$1,625.

In addition, Prescription Advantage will provide immediate coverage for benzodiazepine drugs, a class of prescription drugs not covered by most Medicare drug plans.

The enclosed 2010 Medicare Drug Plan Guide provides information about the 2010 Basic and Enhanced Medicare drug plan premiums. The guide does not include Medicare Advantage Plans.

Medicare will have an Open Enrollment from November 15, 2009 through December 31, 2009. If you wish to change your Medicare Part D drug plan for 2010, you may do so at that time. **NOTE: If you are in a Medicare Advantage Plan, changing your drug plan could affect your health benefits.** For more information about changing your prescription drug coverage, refer to the "Helpful Resources" section of this mailing for a list of organizations that can assist you.

Important Notes:

- ◆ In order to receive coverage from Prescription Advantage, you must remain enrolled in a Medicare Prescription Drug Plan or a plan offering creditable coverage.
- ◆ You may have the Part D premium automatically deducted from your bank / checking account. Contact your Part D plan for more information.
- ◆ Members of Prescription Advantage are entitled to a Special Election Period that allows them to join or switch their Medicare drug plan outside of Medicare's open enrollment period. If you use this Special Election Period, you will need to submit proof that you are a member of Prescription Advantage to the Medicare drug plan you've chosen. **You may use a copy of this letter as proof that you are a member of Prescription Advantage, Massachusetts' state pharmacy assistance program (SPAP).**

If you have questions regarding your Prescription Advantage benefits, please contact Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636), press 2, or TTY for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,
Prescription Advantage

HELPFUL RESOURCES

There are organizations available to help you compare Medicare drug plans and to answer questions that you may have about your drug coverage.

- ❖ **SHINE** - (Serving the Health Information Needs of Elders) – Individual health insurance counseling available to all Medicare beneficiaries.
1-800-AGE-INFO (1-800-243-4636), press 3 or
TTY (toll free) 1-800-872-0166
www.mass.gov/elders
- ❖ **MassMedLine** - A resource for prescription drug information and assistance. Pharmacists are available to assist you.
1-866-633-1617
TTY/TDD users should ask the operator to call the MassMedLine toll-free number
www.massmedline.com
- ❖ **Medicare** - For general assistance with the Medicare Part D benefits and the Medicare drug plans. Please look for the *Medicare and You* handbook that was sent to you in October. Contact Medicare if you did not receive it.
1-800-MEDICARE
TTY (toll free) 1-877-486-2048
www.medicare.gov

November 2009

ID Number: <ID Number>

<FName> <MI> <LName>
<ARFName> <ARLName>
<AddressLine1>
<AddressLine2>
<City>, <State> <Zipcode>

Dear <FName> <LName>:

This letter provides information about your 2010 Prescription Advantage benefits and Medicare Drug Plan options. If you believe this information is incorrect, please contact Prescription Advantage Customer Service at the number listed at the end of this letter.

Current Membership Category: **S2**
Current Medicare Part D Plan: **<Creditable Coverage Plan>**
Current level of Extra Help: **None**

This chart lists your Prescription Advantage benefits as of January 1, 2010. Benefits are based on membership category and information we receive from Medicare. **You are enrolled in a drug plan provided by your employer or union.** If you change your current prescription drug plan, or your membership category or level of Extra Help changes, your benefits may change as well.

With Prescription Advantage You Will Pay...	
Drug Plan Deductible	<ul style="list-style-type: none">• 100% of your drug plan's deductible
Co-payments until total retail cost of covered prescription drugs reaches \$2,830	<ul style="list-style-type: none">• 100% of your drug plan's co-payment
Co-payments after total retail cost of covered prescription drugs reaches \$2,830	<ul style="list-style-type: none">• No more than \$7 for covered generic drugs• No more than \$18 for covered brand name
Annual Out-of-Pocket Spending Limit	<ul style="list-style-type: none">• \$0 for prescription drugs covered by your drug plan once your total cost for co-payments reaches \$1,625

In addition, Prescription Advantage will provide immediate coverage for benzodiazepine drugs, a class of prescription drugs not covered by most Medicare drug plans.

Medicare will have an Open Enrollment from November 15, 2009 through December 31, 2009. The enclosed 2010 Medicare Drug Plan Guide provides information about the 2010 Medicare drug plan premiums for members without creditable coverage. If you no longer have creditable coverage and need help selecting a Medicare drug plan, please refer to the “Helpful Resources” section of this mailing for a list of organizations that can assist you.

Important Notes:

- ◆ Please contact your creditable coverage plan administrator for more information regarding your 2010 drug plan benefits.

If you have questions regarding your Prescription Advantage benefits, please contact Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636), press 2, or TTY for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,
Prescription Advantage

HELPFUL RESOURCES

There are organizations available to help you compare Medicare drug plans and to answer questions that you may have about your drug coverage.

- ❖ **SHINE** - (Serving the Health Information Needs of Elders) – Individual health insurance counseling available to all Medicare beneficiaries.
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TTY (toll free) 1-800-872-0166
www.mass.gov/elders

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1-866-633-1617
TTY/TDD users should ask the operator to call the Mass MedLine toll-free number
www.massmedline.com

- ❖ **Medicare** - For general assistance with the Medicare Part D benefits and the Medicare drug plans. Please look for the *Medicare and You* handbook that was sent to you in October. Contact Medicare if you did not receive it.
1-800-MEDICARE
TTY (toll free) 1-877-486-2048
www.medicare.gov

November 2009

Dear Prescription Advantage Member:

The new Prescription Advantage plan year begins on January 1, 2010. This letter explains your 2010 Prescription Advantage benefits.

Prescription Advantage regularly reviews rates paid by members toward premiums, deductibles, and co-payments. Rates are based on gross annual household income and are adjusted as necessary to meet the needs of the Plan and its members.

The following chart explains what your rates will be as of January 1, 2010 based on your membership category. You are currently enrolled in **Membership Category 2**.

With Prescription Advantage, you will pay...	
Monthly Premium	\$ 0
Quarterly Deductible	\$ 0
Co-Payments - 30-day supply purchased at a retail pharmacy Level 1 - Generic Drugs Level 2 - Brand Name Drugs Level 3 - Additional Brand Name Drugs	 \$ 7 \$ 18 \$ 40
Co-Payments - 90-day supply purchased through mail service Level 1 - Generic Drugs Level 2 - Brand Name Drugs Level 3 - Additional Brand Name Drugs	 \$ 14 \$ 36 \$ 80
Annual Out-of-Pocket Spending Limit*	\$ 1,460
*Once the total spending for co-payments reaches \$1,460 , you will not be required to pay anything toward your prescription drugs. Prescription Advantage will cover any co-payments for the remainder of the Plan year for all drugs covered by Prescription Advantage. The Plan year runs from January 1, 2010 through December 31, 2010. If the out-of-pocket spending limit creates a financial hardship for you, you may request Reconsideration by completing the enclosed form.	

Your are responsible for reporting any changes to the information provided in your application, such as address changes, income changes, or Medicare status, to Prescription Advantage. Failure to do so may result in termination of your benefits.

If you have any questions, please call Prescription Advantage Customer Services at 1-800-AGE-INFO (1-800-243-4636), press 2, or TTY for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,
Prescription Advantage

Reconsideration of Out-of-Pocket Spending Limit

Upon receipt of this form, Prescription Advantage will review your request. A decision will be made regarding your request within 15 business days of receipt. Please complete all required information and sign where indicated.

“Meeting the \$1,460 annual out-of-pocket spending limit creates a financial hardship for me because...” Please check one of the reasons listed below.

☐

I earn no income and receive financial support from another source.

☐

Other *(Please explain why this annual out-of-pocket spending limit would create a financial hardship for you in the space provided below, or use a separate sheet of paper, if necessary. Include any documentation that would support your claim and be sure to include your signature on the line indicated.)*

X

Date:

Signature of member (or Authorized Representative if the member is unable to sign)

If you selected **“I earn no income”**, please provide the name and address of the person who provides your financial support.

Name _____

Address _____

City, State, Zip _____

If you are the person financially responsible for the member, please read the following and sign where indicated.

I hereby certify, under the pains and penalties of perjury, that I am financially responsible for the member submitting this form and will provide any documentation to Prescription Advantage that may be requested to substantiate this claim.

X

Date:

Signature individual providing financial support for the member

November 2009

ID Number: <ID Number>

<FName> <MI> <LName>
<ARFName> <ARLName>
<AddressLine1>
<AddressLine2>
<City>, <State> <Zipcode>

Dear <FName> <LName>:

This letter provides information about your Prescription Advantage co-payments and out-of-pocket spending limit as of January 1, 2010. We do not have confirmation of your enrollment in a Medicare Part D plan and therefore cannot provide your 2010 Medicare Part D premium costs. Below is the information Prescription Advantage has on file for you at this time.

Current Membership Category:	S2
Current Medicare Part D Plan:	Unconfirmed
Current Level of Extra Help:	None

This chart lists your Prescription Advantage benefits as of January 1, 2010. If your membership category or level of Extra Help changes, your benefits may change as well. Prescription Advantage does not provide premium assistance. You are responsible for the full amount of your prescription drug plan's premium.

With Prescription Advantage You Will Pay...	
Monthly Medicare Drug Plan Premium	<ul style="list-style-type: none">• Unable to provide without confirmation of Medicare Part D plan
Medicare's Annual Deductible	<ul style="list-style-type: none">• 100% of your Medicare Drug Plan's deductible
Co-payments until total retail cost of covered prescription drugs reaches \$2,830	<ul style="list-style-type: none">• 100% of your Medicare Drug Plan's co-payment
Co-payments once the Medicare coverage gap (donut hole) is reached	<ul style="list-style-type: none">• No more than \$7 for covered generic drugs• No more than \$18 for covered brand name drugs
Annual Out-of-Pocket Spending Limit	<ul style="list-style-type: none">• \$0 for prescription drugs covered by your drug plan once your total cost for co-payments reaches \$1,625.

In addition, Prescription Advantage will provide immediate coverage for benzodiazepine drugs, a class of prescription drugs not covered by most Medicare drug plans.

In order to receive coverage from Prescription Advantage, you must be enrolled in a Medicare Prescription Drug Plan or a plan offering creditable coverage (coverage equal to or better than Medicare prescription drug coverage, such as an employer sponsored or union creditable coverage plan).

If you are enrolled in a Medicare Part D plan or receive creditable coverage, please send a copy of your plan identification card to:

Prescription Advantage
P.O. Box 15153
Worcester, MA 01615-0153

Medicare will have an Open Enrollment from November 15, 2009 through December 31, 2009. If you wish to change your Medicare Part D drug plan for 2010, you may do so at that time. The enclosed 2010 Medicare Drug Plan Guide provides information about 2010 plan premiums. If you need help selecting a Medicare drug plan, please refer to the "Helpful Resources" section of this mailing for a list of organizations that can assist you.

Important Notes:

- Members of Prescription Advantage are entitled to a Special Election Period that allows them to join or switch their Medicare drug plan outside of a Medicare open enrollment period. If you use this Special Election Period, you will need to submit proof that you are a member of Prescription Advantage to the Medicare drug plan you've chosen. **You may use a copy of this letter as proof that you are a member of Prescription Advantage, Massachusetts' state pharmacy assistance program (SPAP).**

For questions or more information, please contact Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636), press 2, or TTY for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,
Prescription Advantage

ID#: <Insert ID #>

2010 Changes No Plan S2: Nov 2009

HELPFUL RESOURCES

There are organizations available to help you compare Medicare drug plans and to answer questions that you may have about your drug coverage.

- ❖ **SHINE** - (Serving the Health Information Needs of Elders) – Individual health insurance counseling available to all Medicare beneficiaries.
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Current Membership Category:	S2
Current Medicare Part D Plan:	<Unsubsidized Plan>
Current level of Extra Help:	None

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Prescription Advantage does not provide premium assistance. In addition, you are enrolled in a drug plan that is not recognized in Massachusetts.

With Prescription Advantage You Will Pay...	
Medicare's Annual Deductible	<ul style="list-style-type: none">100% of your Medicare Drug Plan's deductible
Co-payments until total retail cost of covered prescription drugs reaches \$2,830	<ul style="list-style-type: none">100% of your Medicare Drug Plan's co-payment
Co-payments once the Medicare coverage gap (donut hole) is reached	<ul style="list-style-type: none">No more than \$7 for covered generic drugsNo more than \$18 for covered brand name drugs
Annual Out-of-Pocket Spending Limit	<ul style="list-style-type: none">\$0 for prescription drugs covered by your drug plan once your total cost for co-payments reaches \$1,625.

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Medicare will have an Open Enrollment from November 15, 2009 through December 31, 2009. The enclosed 2010 Medicare Drug Plan Guide provides information about the 2010 Medicare drug plan premiums. If you need help selecting a Medicare drug plan, please refer to the “Helpful Resources” section of this mailing for a list of organizations that can assist you.

Important Notes:

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TTY (toll free) 1-877-486-2048
www.medicare.gov

2010 MEDICARE DRUG PLAN PREMIUM GUIDE

Basic Medicare Drug Plans	Contact / Plan ID	Monthly Premium
AARP MedicareRx Preferred	S5820 / 002	\$40.80
AARP MedicareRx Saver	S5921 / 181	\$29.00
Advantage Star Plan by RxAmerica	S5644 / 068	\$34.50
AdvantraRx Premier	S5674 / 009	\$47.30
Aetna Medicare Rx Essentials	S5810 / 036	\$29.20
Blue MedicareRx Value	S2893 / 014	\$47.70
BravoRx	S5998 / 015	\$34.10
CIGNA Medicare Rx Plan One	S5617 / 008	\$33.10
CIGNA Medicare Rx Plan Two	S5617 / 010	\$37.00
Community CCRx Basic	S5803 / 071	\$34.40
EnvisionRxPlus Silver	S7694 / 002	\$36.30
First Health Part D – Premier	S5768 / 038	\$30.20
Health Net Orange Option 1	S5678 / 004	\$34.40
HealthSpring Prescription Drug Plan – Reg 2	S5932 / 003	\$33.30
Humana Enhanced	S5884 / 002	\$43.00
Medco Medicare Prescription Plan – Value	S5660 / 105	\$33.70
MedicareRx Rewards Standard	S5960 / 108	\$35.40
Prescriba Rx Bronze	S5597 / 237	\$31.00
SilverScript Value	S5601 / 004	\$34.40
Sterling Rx	S4802 / 023	\$77.70
Tufts Medicare Preferred Standard	S0655 / 001	\$63.80
UA Medicare Part D Rx Covg – Silver Plan	S5755 / 041	\$38.30
WellCare Classic	S5967 / 139	\$30.80

Enhanced Medicare Drug Plans	Contact / Plan ID	Monthly Premium
AARP MedicareRx Enhanced	S5921 / 183	\$86.50
Advantage Freedom Plan by RxAmerica	S5644 / 047	\$50.10
AdvantraRx Premier Plus	S5674 / 011	\$61.00
AdvantraRx Value	S5674 / 008	\$34.70
Aetna Medicare Rx Plus	S5810 / 206	\$35.70
Aetna Medicare Rx Premier	S5810 / 172	\$91.90
Blue MedicareRx Premier	S2893 / 003	\$92.70
Blue MedicareRx Value Plus	S2893 / 001	\$53.10
CIGNA Medicare Rx Plan Three	S5617 / 172	\$66.40
Community CCRx Choice	S5803 / 139	\$39.50
Community CCRx Gold	S5803 / 219	\$82.80
CVS Caremark Complete	S5601 / 073	\$59.30
CVS Caremark Plus	S5601 / 005	\$49.10
EnvisionsRxPlus Gold	S7694 / 036	\$63.40
First Health Part D – Secure	S5768 / 085	\$10.80
Health Net Orange Option 2	S5678 / 010	\$64.50
Humana Complete	S5884 / 031	\$100.80
Humana Value	S5884 / 102	\$30.70
Medco Medicare Prescription Plan – Access	S5660 / 173	\$74.80
Medco Medicare Prescription Plan – Choice	S5660 / 003	\$50.80
Prescriba Rx Gold	S5597 / 035	\$40.90
Tufts Medicare Preferred Enhanced	S0655 / 002	\$50.60
Tufts Medicare Preferred Premier	S0655 / 003	\$89.60
UA Medicare Part D Prescription Drug Cov	S5755 / 006	\$43.70
WellCare Signature	S5967 / 036	\$39.60

This guide lists the monthly premiums for the Medicare drug plans available in Massachusetts for 2010. It does not indicate which medications the plan covers or any deductible or co-payment amounts. The amounts on the charts do not include late enrollment premium penalties imposed by Medicare. If you have an enrollment penalty, you must pay the full amount to your Medicare drug plan in addition to the plan's premium.